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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or bocket Number 02 096 7 - 0001 1005

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE SEE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			40				.	RATE	FEE		RATE	FEE
FOR MINISTER CONTRACTOR PROCESS AND A PROPOSED A PROPOSED AND A PROPOSED AND A PROPOSED AND A PROPOSED AND A PR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			40 minus 20=		* 20			X\$ 9=	180	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3=			2		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT					+140=		OR	+280=	,
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				,	TOTAL	550	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	No. of the last of	(Column 1) CLAIMS		HIGH		(Column 3)	1		ADDI-) 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT	Sec. 1	PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	. 46	Minus	** *	40	= 6		X\$ 9=	54	OR	X\$18=	
AME	Independent	· 12	Minus	***	3	= 9/	1	X42=	387. "	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
Consideration of Management and ASSESSED CONTINUES SEED AND ASSESSED ASSESS								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		•	ADDII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	4.0 	HIĞI NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	#	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
							1	TOTAL		OR	TOTAL	!
								ADDIT. FEE		OR	ADDIT. FEE	L
 	To the same	(Column 1) CLAIMS			mn 2) HEST	(Column 3)	,					
AMENDMENT C	Sel.	REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	PPN v. 1.7 k is Pavine Bernelsen a versy fearer	Minus	Larger et regul Brit	77 TO CO. LATE.	ZONOWA CLINIC - CONTACT		X\$ 9=	5 S S	OR	X\$18=	
AME	Independent	*.	Minus	***		=	1	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									1	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Indepen	dent) is the	highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	